

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M10816**

1. Entity Name

840 River's Edge Association, Inc

Principal Place of Business

**3000 NE 8TH Terr.
A5
OAKLAND PARK, FL
33334**

Mailing Address

**3000 NE 8TH Terr.
A5
OAKLAND PARK, FL
33334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

FLORIDA

Zip

Country

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYDEN, JAC
3000 NE 8TH Terr. B-4
OAKLAND PK, FL 33334**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SAME

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition
NAME **LAURA SHIELDS, PRESIDENT**
STREET ADDRESS **3000 NE 8TH Terr B-1**
CITY-ST-ZIP **OAKLAND PARK, FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition
NAME **TONY D'ANGELO, VICE PRES**
STREET ADDRESS **4532 N ANDREWS AVE**
CITY-ST-ZIP **Ft Lauderdale, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **LOUISE OUELLETTE**
STREET ADDRESS **3000 NE 8TH Terr. A-5**
CITY-ST-ZIP **OAKLAND PARK, FL 33334** **SECRETARY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition
NAME **ANDREW EDDY, TREAS**
STREET ADDRESS **1527 SE 8TH Terr.**
CITY-ST-ZIP **Deerfield Bch, FL 33441**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/02

(854) 561 3661
(11) ENGLISH (115) EXT.

FILED

02 MAR -4 PM 4:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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*******61.25 *****61.25**

DO NOT WRITE IN THIS SPACE